



**Department of Environment and Conservation  
Division of Remediation  
Drycleaner Environmental Response Program  
401 Church Street, 4<sup>TH</sup> Floor L & C Annex  
Nashville, Tennessee 37243**

**DCERP REIMBURSEMENT APPLICATION (FOR APPROVED COSTS)**

**SECTION 1. FACILITY INFORMATION: Facility Registration No. \_\_\_\_\_ Reimbursement No. \_\_\_\_\_**

Facility Name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_

**SECTION 2. APPLICANT AND PAYMENT RECIPIENT INFORMATION**

Name \_\_\_\_\_ Tax ID No. \_\_\_\_\_

(The applicant named here should be consistent with the approved eligible party for this facility.)

Applicant Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Applicant Contact Person for this Application \_\_\_\_\_ Telephone # (\_\_\_\_\_) \_\_\_\_\_

Fax # (optional) (\_\_\_\_\_) \_\_\_\_\_

**Issuance of Payments from the DCERP Fund**

In accordance with Rule 1200-1-17-.08(8)(b), where the applicant has submitted an acceptable application for payment but has not paid for these activities, payment will be made by a check written to both the applicant and the contractor(s) performing the work less the applicable deductible.

Is the applicant submitting documentation verifying the applicant has paid all costs contained in this application? Y/N

Applicant Type (Check all that apply):

Facility Owner \_\_\_\_ Facility Operator \_\_\_\_ Facility Property Owner \_\_\_\_ "Other Property" Owner \_\_\_\_

Facility Type: Active Drycleaning Facility \_\_\_\_ Active Wholesale Distribution Facility \_\_\_\_ Abandoned Facility \_\_\_\_

**SECTION 3. SITE STATUS REPORT**

Previous phases of work completed and date(s) of completion \_\_\_\_\_

\_\_\_\_\_

Phase of work and major activities included in this reimbursement application \_\_\_\_\_

\_\_\_\_\_

Date of DCERP's written approval of work plan/cost proposal for work included in this application \_\_\_\_\_

Date of any approved change orders for costs included in this application \_\_\_\_\_

Time Period (work interval) covered by this application \_\_\_\_\_

Is this the last reimbursement for this Notice to Proceed? Y/N

### **Timing of Submittals**

In accordance with Rule 1200-1-17-.08(7)(d), applications for payment of implementation of response actions may be submitted sixty days following initiation of work to implement the work plan and at sixty day intervals thereafter until the completion of the authorized activities. When the work plan is completed within a short time frame (three to four months), reimbursements should be submitted following completion of the pre-approved work plan.

Notwithstanding the provisions of Rule 1200-1-17-.08(7)(d), in order to be eligible for payment from the Fund, an application for reimbursement must be received by the program within one year from the date the expenses were incurred regardless of the duration of the work phase (Rule 1200-1-17-.08(7)(f)).

### **DCERP Approval and Payment Process**

In accordance with Rule 1200-1-17-.08(8)(d), the Department shall review applications for payment within 90 days of receipt of a properly completed application. The Department shall issue either a letter of application approval or a status review letter noting deficiencies within 90 days of receipt of an application. If all costs are considered to be reasonable and eligible for reimbursement, the Department will issue payment within 45 days of approval. The Department will send payments to the applicant's mailing address shown in Section 2. Check to make sure this address is correct.

The Department will provide a letter to the applicant at the time reimbursement payment(s) are made which will state how the reimbursement amounts were calculated and provide the deductible amount, which has been applied to date at the facility.

In accordance with Rule 1200-1-17-.08(2), each eligible party requesting reimbursement of expenditures approved by the Drycleaner Environmental Response Board or the Department is required to accept responsibility for incurring costs associated with each request for reimbursement.

## **SECTION 4. CERTIFICATION STATEMENTS**

In accordance with Rule 1200-1-17-.08(7), reimbursement applications shall contain the following statement, which shall be signed by the eligible party (applicant), and the project manager of the DCAC(s). If more than one DCAC performed work included in this application, the project manager for each DCAC must sign below. Attach additional signature page(s), if needed.

I hereby certify to the best of my knowledge and belief:

- A release of drycleaning solvent has occurred from the operation of the subject active or abandoned drycleaning facility or in-state wholesale distribution facility;
- The costs presented herein represent actual costs incurred in the performance of response actions at this site during the period of time indicated on this application;
- No charges are presented as part of this application that do not directly relate to the performance of response actions related to the release of solvent at this site;
- Full compliance with Title VI of the Civil Rights Act of 1964, that no person shall be excluded from participation in, be denied benefits of, or be otherwise subjected to discrimination in the performance of the contract or in the employment practices of the applicant or DCAC on the grounds of handicap and/or disability, age, race, color, religion, sex, national origin, or any other classification protected by the Federal, Tennessee State constitutional, or statutory law. The applicant and/or DCAC shall, upon request, show proof of such nondiscrimination;
- No part of the total contract for DCAC services shall be paid directly or indirectly to an employee or official of the State of Tennessee as wages, compensation, or gifts in exchange for acting as an officer, agent, employee, subcontractor, or consultant to the applicant or DCAC in connection with any work contemplated or performed relative to the reimbursement request;
- That books, records, and documents of the applicant or DCAC, insofar as they relate to work performed or money received under this reimbursement request shall be maintained for a period of three (3) full years from the date of the final payment and shall be subject to inspection or audit, at any reasonable time and upon reasonable notice, by the State, the Comptroller of the Treasury, or their duly appointed representatives. The financial statements shall be maintained in accordance with generally accepted accounting principles;
- That activities and records pursuant to the reimbursement request shall be subject to monitoring and evaluation by the State, the Comptroller of the Treasury, or their duly appointed representatives; and,
- That the State is not responsible for the payment of services rendered without specific, written authorization.

## SECTION 5. REQUIRED ATTACHMENTS TO THIS REIMBURSEMENT APPLICATION

### Invoice Requirements

See Rule 1200-1-17-.08 for eligible and ineligible DCERP Fund costs.

**The following documentation must be attached to this reimbursement application:**

- Copies of the DCERP-approved work plans and cost proposals relevant to the application;
- Copies of any DCERP-approved change orders relevant to the application; and,
- Dated, legible invoice(s) documenting the completed work relevant to the application. The DCAC Invoice may be submitted as either paid or unpaid by the applicant. The payment status shall be clearly shown on the first page of each DCAC invoice submitted. If the applicant has paid the invoice, attach a copy of the front and back of the canceled check to document the invoice has been paid. Otherwise, DCERP will assume that issuance of a joint check is appropriate (see Section 2 of this form).

\_\_\_\_\_  
Applicant Printed Name

\_\_\_\_\_  
Applicant Official Title

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
DCAC Project Manager Printed Name

\_\_\_\_\_  
DCAC Organization Name

\_\_\_\_\_  
DCAC Project Manager Signature

\_\_\_\_\_  
Date